

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES



BRIAN SCHWEITZER
GOVERNOR

JOAN MILES
DIRECTOR

STATE OF MONTANA

www.dphhs.mt.gov

August 18, 2006

Client Name
Address
City, State, ZIP

Important Notice: Enrollment into Team Care Program

Dear Client:

You have been selected to participate in the **Team Care Program**. Team Care is for Montana Medicaid clients who have a history of unusually high usage of health care resources. This usage may stem from a misunderstanding of how to use Montana Medicaid benefits properly, or a willful abuse of the system. In any event, the Team Care program will help you use health care resources the right way while helping you feel better.

In the program, a "team" manages your health care. The team consists of one primary care provider (PCP), one pharmacy, the Nurse First Advice Line and Medicaid staff. Together, we will help you get the right care at the right time at the right place.

We are currently enrolling you with the following provider and pharmacy. Beginning September 1, 2006, you will be required to receive all your medical services from them, except in emergencies.

Member Name

Medicaid ID Number

Team Care Provider

Team Care Pharmacy

If the Team Care provider or pharmacy is not the one you want, you may call the Medicaid Help Line at 1-800-362-8312 by 12:00 pm (noon) on JULY 24, 2006 to request a change. The call is free.

All requests to change must be approved by the Department of Public Health and Human Services.

Changes to your benefits:

- Your Team Care PCP is your "medical home". Except for emergencies, **you are required** to receive most care from your PCP. At times, your PCP will give you a referral (permission) to visit other providers or specialists. This ensures you receive coordinated and comprehensive health care services.
- **You are required to call the Nurse First Advice Line at _____ before seeking medical care, even from your PCP, except in life or limb-threatening emergencies.**

The nurse will ask you about your symptoms, and help you decide if you need treatment. The call is free and the nurses are always there.

- You do not have to call Nurse First before visiting your PCP for **scheduled or follow-up** appointments.
- You are required to receive all your Medicaid payable prescriptions from your Team Care pharmacy. If your pharmacy is closed or unable to fill a prescription, **contact the Medicaid Help Line at 1-800-362-8312** or ask your pharmacy to contact Medicaid.
- Contact the Medicaid Help Line at 1-800-362-8312 or write to them at the address below for an future provider change requests. Change requests will only be approved if good cause exists.

Montana Medicaid Help Line
PO Box 254
Helena, MT 59624

- Montana Medicaid will assign a new PCP or pharmacy if required.

Remember:

- The Emergency Room is not the place for routine care. Only visit the Emergency Room for life or limb-threatening conditions.
- Altering prescriptions is a federal crime and will be prosecuted.
- Drug seeking behaviors may result in the loss of your drug benefits.
- Any inappropriate use of your benefits may result in adverse actions.

If you do not speak or understand the same language as your health care provider, **you have the right to get free interpreter services for your health care visits.** Please ask your health care provider for an interpreter when you make an appointment.

If you have any questions about Team Care, refer to the enclosed brochure, or call the **Medicaid Help Line at 1-800-362-8312.** The Medicaid Help Line is open Monday through Friday from 8:00 am to 6:00 pm. The call is free and the staff will be happy to help you.

Authorization for this program is found under Federal Regulations at 42 CFR 431.54 and the Administrative Rules of Montana at 37.86.5303. If you disagree with this action, you may request a fair hearing by contacting the Medicaid Help Line or your local Office of Public Assistance before JULY 24, 2006.

Sincerely,



Mary E. Dalton
Administrator
Health Resources Division